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To: Examiner L.J. Ramillano
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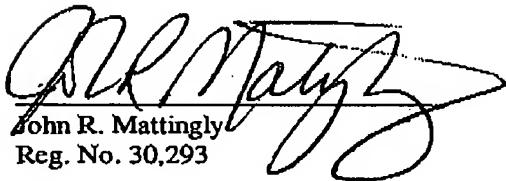
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/603,625
Attorney Docket No.: KAS-183

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Request for Continued Examination;
Amendment;
Petition for Extension of Time for three months; and
Credit Card Payment Form in amount of \$1360.00 in
Payment of three month EOT and RCE fees.



John R. Mattingly
Reg. No. 30,293

August 21, 2007

Date

Total Number of Pages (including cover sheet): 12

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Form PTO-1083

In RE application of S. MATSUBARA et al
 Serial No.: 10/603,625
 For: AUTOMATIC ANALYZER

Patent

Case Docket No. KAS-183

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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Request for Continued Examination, a Petition for Three-Month EOT and an Amendment in the above-identified application.

- Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For		(Col. 3) Present Extra
Total		Minus	**	=
Indep.		Minus	***	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
Rate	Additional Fee		Rate	Additional Fee
X 25	\$		X 50	\$
X 100	\$		X 200	\$
X 180	\$		X 360	\$
Total	\$		Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-1417 in the amount of _____.
- A Credit Card Payment Form in the amount of \$ 1860.00 is attached for 3 month EOT (\$570) and RCE (\$790).
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17.
 - Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:


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 Attorney for Applicant(s)

Date: August 21, 2007